## Law Offices BLOOSTON, MORDKOFSKY, DICKENS, DUFFY & PRENDERGAST, LLP 2120 L Street, NW, Suite 300

2120 L Street, NW, Suite 30 Washington, DC 20037

BENJAMIN H. DICKENS, JR.\*
JOHN A. PRENDERGAST
GERARD J. DUFFY
RICHARD D. RUBINO
MARY J. SISAK
D. CARY MITCHELL
SALVATORE TAILLEFER, JR.

(202) 659-0830 FACSIMILE: (202) 828-5568 AFFILIATED SOUTH AMERICAN OFFICES
ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

HAROLD MORDKOFSKY
OF COUNSEL

**EUGENE MALISZEWSKYJ** ENGINEERING CONSULTANT

May 11, 2017

ARTHUR BLOOSTON 1914 – 1999

\*ALSO ADMITTED IN FLORIDA

WRITER'S CONTACT INFORMATION rdr@bloostonlaw.com

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12<sup>th</sup> Street, S.W.
Washington, DC 20554

Re: Golden West Telecommunications Cooperative, Inc.

Form 395 Common Carrier Annual Employment Report

WC Docket No. 16-233

Dear Ms. Dortch:

On behalf of Golden West Telecommunications Cooperative, Inc., we are submitting herewith its Form 395 Common Carrier Annual Employment Report for Calendar Year 2017.

In accordance with Rule Section 1.12 of the Commission's Rules, please direct any questions or correspondence regarding this filing to our office.

Sincerely yours,

Richard D. Rubino

Mel D.

Counsel for Golden West Telecommunications

Cooperative, Inc.

Attachment

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

DUTFY & PRENDERGAST, LIDEST. Infe per response:
2120 L STREET, N.W.

1 hour
2130 L D.C. 20037

[Please read instructions before completing and for Notice regarding public burden.] COMMON CARRIER ANNUAL EMPLOYMENT REPORT

SECTION 1 - General Information

| b. 16 or more (complete all sections)   | 1710H CII 01, 201/  | SECTION II - Full-Time Employees.  |
|---|---|--|
| 4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) | 3. Reporting Period (Ending Date of Pay Period Covered by Report)  March 31, 2017 | 2. Year Report Filed 2017  |
| Check here if this is a change of address.  | ns Cooperative, Inc.  | Golden West Telecommunications Cooperative, Inc. PO Box 411 Wall, SD 57790 |
|   |   | <ol> <li>Name and Mailing Address of Respondent</li> </ol>                 |

Service Workers Sales Workers Operatives Craft Workers Workers Administrative Support SEC TOTAL Managers Executive/Senior Level Officials and Managers PREVIOUS YEAR TOTAL aborers and Helpers Professionals echnicians irst/Mid-Level Officials and Job Categories 11 1.2 10 9 ω 6 0 Male 0 D Hispanic or Latino Female 0 0 00 White 107 108 56 21 U 00 9 6 C Black or American African 0 0 O Hawaiian or Other Pacific Islander Native m Male 0 Asian 0 П Number of Employees (Report employees in only one category) American Indian or Alaska Native 3 14 14 0 Two or more races Race/Ethnicity Not-Hispanic or Latino 0 0 I 45 White 43 33 4 w 2 American African Black or 0 0 <u>\_</u> Hawaiian or Other Pacific Islander Native 0 0  $\overline{\phantom{a}}$ Female 0 0 \_ Indian or Alaska Native American w Ų, Z Two or more races N 2 Z Columns A - N 169 173 0 0 w 71 45 Total 25 0 \_ = 0 7

| Title of Person Signing CEO | Date Typed or Printed Name of Person  May 10, 2017 Denny Law   | SECTION V - Certification  I certify that to the best of my knowl  | (Attach a list indicating |  | This is to advise the C | SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | PREVIOUS YEAR TOTAL 11 | 7 |              | Service Workers | Laborers and Helpers 8 | Operatives 7 | Craft Workers 6 |      | Administrative Support                  | Sales Workers | Technicians | Professionals | Managers | evel Officials and | Executive/Senior Level Officials and Managers 1.1 |   |          |   |                       |          | Categories | Job                    |                |   |   |       |        |             |       |  |
|-----------------------------|--|--|---------------------------|--|-------------------------|--|------------------------|---|--------------|-----------------|------------------------|--------------|-----------------|------|---|---------------|-------------|---------------|----------|--------------------|---|---|----------|---|-----------------------|----------|------------|------------------------|----------------|---|---|-------|--------|-------------|-------|--|
|                             | enny La  | or Drinted   | edge inform               | parties invo   | ody having c            | ommission t  | nation Comp            | 0 | 6            | T               |                        |              |                 | - 03 | 5                                       |               | 4           | ω             | 2        |                    | 3   | - | >        |   |                       | Male     |            | I                      |                | T                                       |   |       |        |             |       |  |
|                             | Walle of Felso   | Name of David  | ation and holis           | lved, date filed   | competent juris         | hat no complair  | olaints Pursua         | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   |   | В        |   |                       | Female   | Call       | Hispanic or            |                |   |   |       |        |             |       |  |
| 0.5                         |  | et, all statemer   | of all atatama            | , courts or age  | diction in such         | nts regarding v  | int to 47 CFR          | 8 | 9            |                 |                        |              |                 | -    | 1                                       |               |             | 7             |          |                    |   |   | 0        |   |                       | White    |            |                        |                |   |   |       |        |             |       |  |
| MILLFULLY F.                |  | nts in this repo   |                           | Inis is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | matters durin           | iolations of th  | 22.321, 23.55          | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   |   | DE       | Black or Netive Asian African Hawaiian or American Other Pacific Islander | African<br>American   | Black or |            |                        |                |   |   |       |        |             |       |  |
| ALSE STATE                  | w w  | ort are true and   |                           |  | g the calenda           | e equal emplo  | 5, 90.168, 101.        | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   |   |          |   | Hawaiian or           |          | 2          |                        |                |   |   |       |        |             |       |  |
| MENTS MAD                   | igozeta  | d correct.   |                           | visions of any<br>er has been h  | r year covered          | oyment provisi   | 4, and 101.3           | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   |   | 7        |   | - 1                   | Male     |            |                        |                |   |   |       |        |             |       |  |
| E ON THIS FOR               | Typed or Printed Name of Person Signing  Denny Law    WILLFULLY FALSE STATEMENTS MADE OF THE STORY OF THE STATEMENTS MADE OF THE STORY OF THE STATEMENTS MADE OF | ify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.  Typed or Printed Name of Person Signing  Signature |                           | equal employ<br>neard, file nun  | d by this repo          | ions of Feder  | . <del>7.</del>        | . | <del>.</del> | 1.              | 1.                     | 0            | 0               |      |   |               |             |               |          |                    |   |   |          |   |                       | (        | מ          | Native                 | Indian or      |   |   |       |        | (Report emp | Maria |  |
| ORM ARE PU                  | ٠)   |  |                           | ment opportunity statute have<br>nber or other designation, and  | rt.                     | of other torrit  |                        | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   | = | С        |   | races                 |          |            | Not-Hispa              | Race/Ethnicity | (Report employees in only one category) | 1 |       |        |             |       |  |
| NISHABLE B                  |  |  |                           |  | orial, or local s       |  |                        | 4 | 4            |                 |                        |              |                 |      | -                                       |               | t           | a l           |          |                    |   | - | -        |   | White                 | T        |            | Not-Hispanic or Latino | ţ              | oyees one category                      |   |       |        |             |       |  |
|                             |  |  |                           | ave been filed<br>nd current sta   | statutes have           |  |                        | 0 | 0            |                 |                        |              |                 |      | *************************************** |               |             |               |          |                    |   | د |          | American  | Black or<br>African   |          |            |                        |                | 8)                                      |   |       |        |             |       |  |
| OR IMPRISO                  | 01   |  | atus or disposition.      | l against this company.<br>atus or disposition.  | been filed agai         |  |                        | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   | _ | Islander | Other   | Native<br>Hawaiian or | Fer      |            |                        |                |   |   |       |        |             |       |  |
| VIMENT (18 U                | Mephone No. 605) 27  |  |                           |  | inst this               |  |                        |   |              |                 |                        |              |                 | _    | 0                                       | 0             |             |               |          |                    |   |   |          |   |                       |          |            |                        |                |   |   | Asian | Female |             |       |  |
| S.C. 1001) A                | 9-2161   |  |                           |  |                         |  |                        | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   | M |          | Alaska<br>Native  | American<br>Indian or |          |            |                        |                |   |   |       |        |             |       |  |
| ND/OR REVO                  |  | nowledge, information, and belief, all statements in this report are true and correct.   |                           |  |                         |  | -                      | 0 | 0            |                 |                        |              |                 |      |   |               |             |               |          |                    |   | z |          |   | Two or more races     |          |            |                        |                |   |   |       |        |             |       |  |
| FINE AND/OR IMPRISO         |  |  |                           |  |                         |  | i                      | 2 | 13           | 0               | 0                      | 0            | -               |      | 2                                       | 0             | 10          |               | 0        | 0                  | 0   | 0 |          |   |                       | A-N      | Total      |                        |                |   |   |       |        |             |       |  |